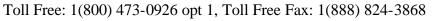


Wells Fargo Flex Benefit Services

381 East Broadway #110, Salt Lake City, Utah 84111 Website: www.wffbs.com

Ph: (801) 246-3710 Fax: (801) 246-3751





	CONTINUAL REIMBURSEMEN	•	
	Initial Request Change Request	Cancel Request	
Company Name:			
Participant Name:			
Participant Address:			
SS#:	Home Phone #		
If charges incurred are for a dependent, dependent(s) name:		Date of Birth:	
		Date of Birth:	
		Date of Birth:	
Payment Information	ı:		
Fully Describe	ary 1 through December 31 of current plants Nature of Expense	To	otal Amount
	Divided by n	umber of months	
	Amount of monthly reimbursement		
Participant Agreeme	nt:		
that if any changes re	nation listed above and the information at egarding the continual payments occurrediately. Failure to do so could result in onsible.	, Wells Fargo Fle	ex Benefit Services
	Signature	D	Date

EXPENSES QUALIFYING FOR CONTINUAL REIMBURSEMENT

Day Care Services

When requesting continual reimbursement of day care expenses, the following information must be attached to the CONTINUAL REIMBURSEMENT REQUEST.

- A. A copy of the agreement between the provider of the services and the participant. The agreement must show the following:
 - 1. Actual Date (From and To) or Service*
 - 2. Name, address, and Tax ID or SSN of the provider
 - 3. Cost
 - 4. Dependent(s) name who received the care

*Only expenses incurred during the current year are eligible for reimbursement

B. If no written agreement is available, a written statement from the provider with the information listed above may be submitted.

Note: Only services provided by day care facilities or a facility in which a written agreement exists between the participant and the provider may be set up on a continual reimbursement program. Claims for individuals providing services in the home must still be submitted on an ongoing claim basis.